



Steven Grierson, President  
Denise Quirk, Vice President  
Belinda Thompson, Secretary/Treasurer  
Dr. Rena Nora, Member  
Kevin Quint, Member  
Richard Vincent, Member  
Dorothy B. North, Member

**Please complete this form in order to file a complaint related to any individual licensed or certified by the BOARD OF EXAMINERS FOR ALCOHOL AND DRUG ABUSE as an alcohol and drug abuse counselor or intern, or to file a complaint related to an unlicensed person performing activities that require a license.**

[illegible]

Have you discussed this problem with the individual? Yes No Date\_\_\_\_\_

Their response? (Attach additional pages if necessary)

If you were in a program, as part of this process, did you follow the program's grievance procedure?

Yes No

Their response? (Attach additional pages if necessary)

Have you reported this incident to any other agency? Yes No Date\_\_\_\_\_

Agency:\_\_\_\_\_ Contact:\_\_\_\_\_ Phone\_\_\_\_\_

Complaint From:

Name

Address

City, State, Zip

Daytime Phone

Other Means of  
Contact

What would you like to see happen as a result of this complaint?

***I have read all questions, answers, and statements contained in this Complaint form and know the contents thereof. I hereby certify under penalty of perjury the information provided on this document is true and correct to the best of my knowledge.***

***I give consent to the Board of Examiners for Alcohol and Drug Abuse Counselors to send a copy of this form to the individual against whom this complaint is filed, and I give consent to the release of my confidential records and other information, including that which is protected under federal regulations, 42 CFR Part 2.***

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



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Denise Quirk, Vice President  
Belinda Thompson, Secretary/Treasurer  
Dr. Rena Nora, Member  
Kevin Quint, Member  
Richard Vincent, Member  
Dorothy B. North, Member

	Subscribed and sworn to before me this _____
	day of _____
	<b>Month/Year</b>
	Notary Public for the State of _____
	My Commission Expires _____
	_____ <b>Signature of Notary Public</b>

Please return this form to Sharon Atkinson, Executive Director  
Board of Examiners for Alcohol, Drug and Gambling Counselors  
401 Dayton Valley Rd Suite B  
Dayton, NV 89403